

SEPTEMBER

EIGHTH YEAR — No. 90

International Review of the Red Cross



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INTERNATIONAL COMMITTEE OF THE RED CROSS
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INTERNATIONAL REVIEW OF THE RED CROSS

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BOOKS AND REVIEWS

FRENCH EDITION OF THE REVIEW

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical to the English edition and may be obtained under the same conditions.

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SUPPLEMENTS TO THE REVIEW

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SPANISH

L. BOISSIER: Guerra y paz — Actividades de socorro en 1967 — Informe de actividad 1967.

GERMAN

L. BOISSIER: Krieg und Frieden — Tätigkeitsbericht 1967 — Hilfstätigkeit im Jahre 1967.

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The International Committee of the Red Cross assumes
responsibility only for material over its own signature.

War and Peace

by L. Boissier

In our April 1968 issue we published an article by Leopold Boissier, former President of the ICRC, which had appeared in the Journal de Genève. Later the same journal contained another article by the same writer, on a subject which is receiving the full attention of the Red Cross. We therefore consider it worthwhile reproducing here some of its main passages (Ed.).

We are living in times of a ferment of ideas and words. Political and legal instruments for the maintenance or restoring of peace are weakened by the ambiguities which undermined their foundations and by the misunderstandings which spread confusion in their vocabulary.

Violence is waged in several parts of the world, bringing in its train hate and bloodshed. But in almost every case it is impossible to define its character and therefore to apply the remedies proposed by law and customs. There is of course a law of war; it was framed by Conferences at The Hague, the last of which took place in 1907. Since then weapons of destruction have been developed in a way which could not be foreseen sixty years ago. Moreover, one can no longer say what is and what is not war. . . .

. . . In the midst of this anarchy, noble minds seek something to which to cling. That something must be free from the contamination of rival ideologies, must never have taken sides, must have maintained constant a calm and persevering neutral attitude. This brings them to the International Committee of the Red Cross, and they ask it to act in favour of peace.

The International Committee received such invitations in the first place with extreme caution. Its task in time of war and

WAR AND PEACE

disturbance is to save the lives of wounded or disarmed combatants, whatever may be the cause which they serve. There is no just or unjust war for the Committee; neither is there discrimination between those in uniform and those whose only distinctive mark is an arm-band. Because of its ubiquity in alleviating the suffering of victims of all wars, the International Committee does not pronounce judgment on conflicts. It does not intrude into politics, a fact of which governments appealing to it must be convinced.

The exception proves the rule. It needs the threat of disaster on a world scale to impel the Committee to go momentarily beyond the principles it has adopted. Because it gauged the danger of atomic war in 1962, it agreed, at the request of the United Nations, to help find a peaceful solution to the Cuba crisis. Its delegates would have inspected ships bound for the island in order to check that they carried no nuclear weapons. Many of the Committee's friends were taken aback by this bold decision, others heartily approved. The 1963 Congress commemorating the Centenary of the Red Cross foundation congratulated the Committee for its decision and exhorted it to carry out its mission as a neutral intermediary between States in conflict, in order to contribute to the maintenance of peace.

The Committee's attitude encouraged those in Red Cross circles who had long wished to delegate to the institution specific responsibilities in the struggle for peace. So much that in 1965 the XXth International Conference of the Red Cross, in which governments took part, did not shrink from adopting a resolution entitled "The Red Cross as a Factor in World Peace", recommending the International Committee to "undertake, in constant liaison with the United Nations and within the framework of its humanitarian mission, every effort likely to contribute to the prevention or settlement of possible armed conflicts, and to be associated, in agreement with the States concerned, with any appropriate measures to this end". Then again, a Round Table meeting last year in The Hague, after reviewing the Committee's potential for the promotion of peace, urged it to widen its scope to bring such prospects within its purview.

That is how matters now stand and the time has come to examine how the International Committee should proceed hence-

forth. The road it has so far followed has been undeviating and led direct to the victims of armed conflicts. Must it in future, alongside the first road with its landmarks of events in which so much suffering was alleviated, blaze a new trail leading to direct or indirect intervention in issues which bring governments into conflict with each other ?

For the moment it would seem preferable to leave the Committee to go on carrying out its traditional task and, by the example of charity and solidarity which it sets, to contribute to the development of peaceful means to settle international conflicts. Its statutes, its activities, and especially the Geneva Conventions, with their unremitting appeal for human fellowship, should be taught in schools, universities and wherever soldiers and diplomats are trained.

It is for governments and international institutions to become more aware of the restraints demanded of them by humanitarian law. All nations should realize that the Red Cross is not only a shelter in time of war, but also a haven of service and mutual assistance.

There are great prospects opening on a horizon full of promise. Is peace one of these promises ? This question calls for mature consideration and a great deal of faith before the day arrives when the Committee may perhaps, whilst remaining true to itself, deem it its duty to act to save peace when it is threatened. There will certainly be risks in this; but nothing ventured, nothing won. At the outset a thought expressed by Pandit Nehru at the International Conference of the Red Cross in New Delhi must be remembered: " War begins in the minds of men ".

Léopold BOISSIER

Member of the International Committee
of the Red Cross

THE PATHOLOGY OF CAPTIVITY

Pathological investigation in a number of countries over the past twenty years has shown that prisoners of war are prone to certain ailments. Papers on considerable and valuable scientific research in this field were delivered at the First International Medical Congress on the Pathology of Captivity in Brussels in 1962, organized by Mr. R. Nachez, President of the International Confederation of Former Prisoners of War, and by Dr. P. Houssa. In 1964 a second congress took place in Cologne, of which an account was given in the February 1965 issue of *International Review*.

The Cologne congress confirmed the conclusions of the first congress on aetiology, pathology, treatment and social consequences of premature aging. It also stated in one resolution that "a common denominator exists, namely the syndrome of progressive asthenia and premature aging". Delayed sequels to captivity are neither an illusion nor an unfounded supposition, but a fact which is becoming more obvious.

Problems caused by the appearance—frequently after some time—of ills attributable to captivity and which, resulting in invalidity, call for indemnity based on clear-cut criteria, were a main concern for the Third International Medical Congress on the Pathology of Captivity. This was attended by legal experts, doctors, rehabilitation specialists and representatives from member associations of the International Confederation of Former Prisoners of War. It was held in Paris from 15-18 November 1967. Some general topics were:

- a) Imputability;
- b) Differences in reparations legislation;
- c) Comparative law (bases of assessment and compensation in military and labour laws for delayed disability);

- d) Medical cases and case law ;
- e) Medical reports on the pathology of captivity (broncho-pneumopathy, tuberculosis, endocrinology, cardiology, circulation, digestion, cancerology, epidemics, psychiatry).

Standards for compensation are not always clearly laid down, but in most cases it is now possible to connect various illnesses with captivity. For that reason, at the closing session, medico-legal conclusions were drawn up in the form of proposals to extend present rules imputing to captivity certain retarded illnesses, including those which are psychopathic.

Pathology related to prisoners of war is not concerned with the body alone, for more than twenty years after the cessation of hostilities psychopathic disorders among former prisoners can be traced to conditions during detention. According to Dr. Hoc, a Belgian psychiatrist:

"Captivity has permanently undermined the health of the great majority of those who were subjected to it, and suffering has particularly affected the central nervous system. Psychiatric regression for a former prisoner may be due to a conflict between what he has become and what he used to be; between his present life and that which he had expected. Changes go much deeper for prisoners than many people believe and the lack of understanding they encounter has made the psychiatric problem worse".

In addition, this Third Congress was concerned with premature aging among former POW's, revealed by physical and psychological tests. The medico-legal conclusions of the congress were so presented as to enable the submission to public authorities of tables of adequate, already proved, scientific facts, late-developing ailments due to captivity and particular forms thereof, with suggested imputability time lags based on indisputable observation findings.

The aim was to educe from the medical reports positive conclusions which could be useful to supplement legislation on pensions for former prisoners who had become victims of the sequels to captivity. Doctors and legal experts considered that provided specific criteria are complied with and the first symptoms are not too late in showing, compensation could be granted for psychiatric disorders and premature aging.

THE PATHOLOGY OF CAPTIVITY

Moreover, it is useful to explain what is meant by retarded symptoms and sequels in the pathology of captivity. Dr. Martin-Lalande, in charge of the Congress medical secretariat did so as follows:¹

“In the course of many years in detention the POW suffers all the usual sicknesses, aggravated by unfavourable material and moral conditions of captivity. However, in most cases these ailments, apart from being aggravated, were not very different from what a doctor may find every day in a shanty town or among a wretched population of an under-developed country. There were also some exceptional pathological cases, war-time epidemics (typhus, rickettsia, etc.) the infrequency of which in peace-time contrasts with their prevalence, sometimes spreading like lightning, frequently observed in time of war. But there again, there was no quite distinct pathological differences between prisoners of war and people living in distressing poverty. It may be pointed out that on repatriation almost all claims for compensation for illnesses contracted during captivity met with no great opposition. Medically and administratively, therefore, this question of pathology of captivity seems to have been settled, with a few unfortunate exceptions.

“On the other hand, illnesses and ailments making their appearance after captivity—sometimes long after—have set and are still setting difficult problems. It seems, indeed, that some POW's stayed healthy, without any apparent sickness throughout captivity; curiously enough, on returning home they showed sub-acute or chronic slow-developing ailments which are scientifically and statistically demonstrably linked to captivity. The explanation might be that in captivity the prisoner of war reacted against his barren existence, miserable conditions, uncertain outlook and persecution, by a sort of tonic providing a permanent defence for months on end. This defence made heavy calls on various systems of the body (neuro-endocrine, reticulo-endothelial, globular, etc.) which put the organism on standing alert and strengthened its defences. However, return to home, normal life, feeding and

¹ See *Le P.G.* the organ of the Fédération nationale des combattants et prisonniers de guerre, Paris, 1967, N° 434 (our translation: Ed.).

comfort sooner or later brought about a progressive or quick withdrawal of defence stimuli, thereby finally reducing resistance to the illnesses whose assaults had been withstood in captivity. Tuberculosis is one striking example of this long-term development; contagion in prison camps is demonstrable in most cases (by X-ray photos taken on repatriation) with clinical symptoms appearing five to ten years later.

"The difficulty of incontrovertibly establishing cause and effect between the late appearance of an illness and captivity is twofold:

a) A time factor must be shown to link two events apparently separated by a variable period of quiescence and which must be scientifically demonstrated to be one of latent illness, ready to strike or one of prolonged incubation;

b) natural factors which give rise to or aggravate a sickness, such as age and environment, must be ruled out. Captivity cannot, of course, be held responsible for all the ills and decline in health from whatever cause to which human beings—whether they have or have not been prisoners—are heir naturally and progressively, no matter what their social, occupational and family life may be, at all times and in all countries.

"This latter point is particularly delicate, for after twenty years the pathology of captivity is more and more closely linked with the pathology of age. The real contribution, aggravation or particular effect of captivity must be elucidated, especially by comparative statistical study of people over fifty years of age who have suffered captivity and others who have not. For example, senescence is general, but premature senescence is a new and important factor which can be shown to be related to captivity. It is the expert's duty in this respect to be strictly honest, that is to say, to restrict himself to statements which can be conclusively proved and demonstrated...

... After a firm decision to hold a third International Congress—the organization of which was entrusted to the *Fédération française des combattants prisonniers de guerre*—a basic principle was tabled and immediately adopted unanimously. This basic principle was "efficacy". To achieve this it was decided to assemble all writings on medical work and the results of all personal

THE PATHOLOGY OF CAPTIVITY

research carried out in recent years, and to classify them in a critical spirit with a view to seeking scientific proofs irrefragable to straight-thinking people. This would amount to sifting data to separate the highly probable, medical and scientific, from the uncertain and medium-rating probabilities.

Medical conclusions should be such, moreover, that legal experts and the legislature may be guided thereby, not for the expression of recommendations of a vague character or doomed to failure, but for constructive proposals relating to compensation to former prisoners of war for retarded illness or aggravation recognized by a doctor as directly and unquestionably linked to suffering in captivity.

"It was therefore agreed in October 1966 that the Third International Medical Congress on the Pathology of Captivity would be open to doctors and legal experts in a joint effort to achieve the chosen objective.

INTERNATIONAL COMMITTEE OF THE RED CROSS

HELP TO WAR VICTIMS IN NIGERIA

The *International Review* in its last issue published news of the ICRC relief action in Nigeria and in the seceding province (Biafra) during the month of July 1968. We now give some information summarizing the work carried out in August. In this connection, it should be pointed out that several meetings have enabled the directors of various National Societies and voluntary agencies taking part in this action, as well as the general public, through press, radio and television channels, to be in touch with a situation which, moreover, continues to fluctuate.

In fact, the International Committee called a meeting on August 14 in Geneva of representatives of National Red Cross and Red Crescent Societies and other large international relief organizations taking part in the ICRC's action for the benefit of the population of Nigeria.

Mr. August R. Lindt, General Commissioner of the ICRC for West Africa in charge of these operations described the situation and the problems involved.

In their turn the representatives of some twenty National Societies and of the United Nations Children's Fund (UNICEF), the World Council of Churches, Caritas Internationalis, OXFAM, the International Union for Child Welfare, Save the Children Fund and the International Council of Voluntary Agencies described their own plans and problems.

All assured the ICRC of their full support and expressed the wish to see the international effort intensified for the benefit of the victims of the conflict on both sides. The same day Mr. Lindt held a press conference at which he gave an account of the whole problem.

INTERNATIONAL COMMITTEE

Several days later, representatives of National Societies of the Red Cross and of UNICEF, the World Council of Churches, the Catholic Relief Organization and the International Union for Child Welfare met at the International Committee's headquarters in Geneva under the chairmanship of Mr. Lindt. The purpose of the meeting was to review the activities carried out in Nigeria and Biafra by the Red Cross Societies and voluntary agencies concerned under the auspices of the ICRC. The participants were informed that two coastal vessels with a loading capacity of over 500 tons each had been chartered for the transport of relief supplies from Lagos to Calabar. Two DC 4 aircraft and a light "Cessna" were operating regular flights carrying an average of 20 tons a day from Lagos to Enugu and Calabar. Two additional aircraft have been ordered. Two socio-medical teams left Geneva on August 20 to join the twelve Red Cross teams presently at work in the territories under the control of the federal troops. Since the previous day, two hospitals in Biafra were being operated by ICRC medical teams, one of them provided by the Yugoslav Red Cross Society. Two more teams sent by "Save the Children Fund" and the Norwegian Red Cross were due to arrive.

The situation in the Biafran held territory was examined with a view to increasing the cooperation and coordination amongst relief agencies in order to take without delay larger supplies to the famished women, children and aged, in conformity with the intentions the ICRC has expressed.

RELIEF ACTIONS

It will be recalled that on April 18, the ICRC launched an appeal on behalf of those suffering as a result of the conflict. This appeal it renewed on April 30, in view of the increasing relief needs. The situation, having continued to deteriorate, it made a further urgent appeal on May 23.

Governments as well as National Societies gave proof of generosity.

As regards stocks accumulated by the ICRC in its emergency depots, their storage position was as follows: *Lagos*: 3,000 tons;

Enugu: 900 tons; *Calabar*: 700 tons; *Agbor*:¹ 160 tons; *Santa Isabel*: 3,800 tons.

By the end of August, 10,000 tons of relief supplies were on their way to Nigeria and 7,500 tons for Biafra.

THE ICRC DELEGATIONS

Before giving an account of the extent of the numbers engaged locally by the ICRC and of the recent work undertaken in very different spheres under the red cross emblem, tribute should be paid to the courage of delegates and members of relief teams who accomplish their tasks in spite of many risks, of which an accident which took place on July 29, brought out the harsh reality. The International Committee then published the following communiqué:

The ICRC regrets to announce the deaths of two British members of a relief team sponsored by the "Save the Children Fund". They were Father Malarchy Riddle and Mr. Jonathan Ampache. Preliminary reports suggest that the vehicle in which they were travelling, a landrover, was blown up by a mine. A representative of the International Committee of the Red Cross plans to fly to Enugu to make further enquiries. The team, the first to be sent to Nigeria by the "Save the Children Fund", was operating in the Awgu area.

On August 30, the ICRC reported the departure for Lagos of Mr. Gerhard Schürch, the new head of its mission in Nigeria.

He carried a letter of introduction to Major General Yakubu Gowon, head of the federal military government.

Mr. Schürch, who is the director of the Treasury Department of the city of Berne, was appointed to direct and co-ordinate with the Nigerian Red Cross, under the authority of Mr. Lindt, all activities of the Committee on territory under the control of the federal military government. He is assisted by Mr. Robert Hitz, head delegate in charge of operations.

¹ Fighting having taken place around Asaba, it was decided to set up an emergency depot at Agbor in a more withdrawn area.

INTERNATIONAL COMMITTEE

Mr. Schürch was previously in Lagos on a fact-finding mission in the Nigerian Federal Republic.

We now give a general table of the International Committee's delegations and of the teams of mutual aid organizations working under the auspices of the ICRC as on August 30, 1968.

Nigeria

ICRC

One head of delegation (Mr. Gerhard Schürch), one delegate, one head of relief and transport, five assistant delegates, one quartermaster, four secretaries, one accountant.

Medical personnel: one doctor, one male nurse, one pharmacist.

Technical personnel: one radio technician, one cook, one specialist in relief distribution, eleven driver-mechanics.

National Red Cross Society teams

American Red Cross: one specialist in relief work.

Danish Red Cross: three relief specialists, three driver-mechanics.

Netherlands Red Cross: two doctors, three nurses, five relief specialists, one driver-mechanic.

Swedish Red Cross: one doctor, one anaesthetist, one nurse, one male nurse, one administrator, two driver-mechanics.

Swiss Red Cross: two nurses.

Humanitarian organizations

Salvation Army—OXFAM: two nurses, three relief specialists.

World Council of Churches: three doctors, eight nurses, one administrator, two specialists in relief work.

Synod of Lutheran Churches of Missouri: six doctors, one male nurse, five nurses, four technical personnel (one manager, one administrator of supplies, one electrician, one assistant quartermaster).

Save the Children Fund: six doctors, two male nurses, six nurses, two relief specialists, eleven driver-mechanics.

Biafra

ICRC

One head of delegation (Mr. Karl Jaggi), one delegate, three doctors, one male nurse, four specialists in relief.

National Red Cross Societies

Yugoslav Red Cross: two doctor-surgeons, one anaesthetist, one male nurse.

Swedish, Norwegian, Finnish, Danish Red Cross: These four National Societies have supplied about a hundred specialists in Kwashiorkor (malnutrition disease), as well as aircraft crews who were preparing to leave for Biafra or who were already on their way there at the end of August.

It should be mentioned that each aircraft provided by these Red Cross Societies carried one and sometimes a second take-over crew, in order to ensure the necessary relief of personnel, thus allowing intensive use of the aircraft made available.

Humanitarian organizations

Save the Children Fund: one doctor, two nurses, one relief specialist.

OXFAM: one specialist in relief work.

International Union for Child Welfare: one female dietician.

Santa Isabel

ICRC

Two administrators, one delegate, two clerks, two male nurses, one radio specialist, two senior technicians, six driver-mechanics.

*

TO OPEN UP ROUTES

It should be recalled, in the first place, that the ICRC is continuing to carry out in Biafran territory occupied by the Federal forces as well as in Biafra, a work which, whilst not solely consisting in food distribution, is of considerable value. This is the medical teams' activity throughout the country¹; visits to prisoners

¹ *The International Review* described the tasks of these teams in its last number.

INTERNATIONAL COMMITTEE

of war and interventions on their behalf are also made by the ICRC delegates. We will return to this question, but today, as the civilian population is suffering increasingly from famine, problems of relief have urgent priority. The solution of these problems in fact lies above all in routes which should be opened up extensively to enable the tons of supplies already stored on sites selected by the ICRC to reach the victims.

At the press conference mentioned above, Mr. Lindt stressed the great amount of relief which is required on both sides, the overcrowding in Biafran territory as a result of the influx of refugees, the terrible mortality rate to be observed there and finally, in occupied territory as well as in Biafra, the urgency of finding ways of routing to its destination relief collected through the combined efforts of the ICRC, the National Red Cross Societies, Governments and international and national aid societies. Mr. Lindt recalled that there existed three possibilities: a land corridor, water transport and an air bridge. He considered that the air route would be the more easily realizable if, in Biafra, the ICRC had an airfield entirely available under its control. The action would then expand rapidly, as more numerous flights could be organized from the island of Fernando Poo. Biafra declared itself prepared to accept such a solution.

On August 17, the ICRC published the following declaration:

In view of the increasing famine in Biafra and the consequential rising death rate, the International Committee of the Red Cross has obtained the Biafran authorities' agreement to neutralize a landing strip and to place it under ICRC control for the sole purpose of forwarding relief supplies to be distributed under ICRC supervision. ICRC delegates on the spot state the air-strip is already under their control and will shortly be fit for use.

The federal military government was requested to recognize the air-strip as neutral and to authorize ICRC aircraft to make regular flights by day, but it has stated that it could not give its agreement to the operation.

The ICRC deplores the fact that the federal military government has not accepted this solution to the problem of transporting relief supplies quickly to the victims in Biafran held territory. It hopes the

federal military government will revise its decision. Considering the increasing urgency, the ICRC, in close co-operation with National Red Cross Societies and other relief organizations, will nevertheless assume responsibility for taking every possible step to deliver the most urgently required relief supplies to the famished population.

Needless to say, the ICRC will continue carrying out its mission in territory controlled by the federal forces.

Furthermore, the ICRC appeals to the parties in conflict to come to an agreement soon on the opening up of land and water-way corridors, to permit the transport of large scale relief supplies. Its services are available to the two parties should they desire.

On August 20, the ICRC gave out news as follows:

The ICRC had been informed by its delegates in Biafra that the neutralized airstrip placed under its control according to the agreement signed on August 13 between the ICRC and the Biafran authorities was bombed on August 20 by aircraft of the federal armed forces of Nigeria. ICRC personnel is safe.

The ICRC immediately contacted the Permanent Representative of Nigeria in Geneva and informed him of this development. The ICRC is awaiting an urgent clarification from the Federal Military Government of Nigeria.

Then on August 26 came a further disturbing communication:

According to a report received by the ICRC from its delegates in territory under Biafran control, the airstrip placed by Biafran authority under ICRC control has been bombed for the second time on August 24 by the Federal armed forces of Nigeria. Three bombs were dropped, injuring workers. The representatives of the ICRC on the spot are safe.

The attack had also caused material damage and Mr. K. Jaggi, head of the ICRC delegation in Biafra, making every effort to have the runway repaired, had three large red crosses painted on it each measuring six metres, one at each end and one in the center of the airfield. A second landing strip on which ICRC aircraft landed at night from Santa Isabel was also bombed by the Nigerian air force. Flights had consequently to be suspended for several days.

INTERNATIONAL COMMITTEE

The ICRC continued to attempt to open up routes extensively for the routing of relief. On August 25, it reported:

Following conversations between Mr. Kurt Furgler, special envoy of the ICRC, and Senor Fernando Maria Castiella, Minister for Foreign Affairs of Spain, the Spanish Government has authorized the ICRC to make increased use of the airport of Santa Isabel, Fernando Poo, for relief supplies, in conformity with article 23 of the IV Geneva Convention, in favour of civilian victims of the conflict in Nigeria. The ICRC is, as from now, permitted to operate five aircraft from Fernando Poo. At present, the ICRC has one DC 6 B in Santa Isabel. Four more aircraft, three DC 6 A and B and one C 130 Hercules, put at the ICRC's exclusive disposal by the National Red Cross Societies of Denmark, Finland, Norway and Sweden, are due in Fernando Poo within the next few days.

In Geneva, on August 25, Mr. Lindt met Chief Anthony Enahoro, Nigerian Federal Commissioner of Information and Labour, who was accompanied by the Ambassador of Nigeria in Switzerland. The question of the ICRC relief operations was discussed, as were the negotiations on relief measures then taking place in Addis Ababa, where Mr. Lindt went subsequently.

In conclusion, it should be pointed out that very considerable relief supplies continue to be distributed in territories occupied by the Federal forces where the food situation is also of tragic proportions. These are despatched by all possible routes. DC 4 aircraft continuously carry supplies and new methods are employed. As has been said, the ICRC has chartered a freighter of 700 tons and two coasting vessels each of 500 tons for the transporting of relief from Lagos as far as the emergency depot at Calabar.

*EXTERNAL ACTIVITIES***Yemen**

North Yemen. — The relief of the ICRC medical team in the country did not take place at the end of June because of unexpected difficulties. The ICRC, however, intends to install a fresh surgical team whose task will be to give treatment to casualties from the fighting. It should be pointed out that in addition to the risks caused by the hostilities to which the delegates are exposed, several ICRC representatives have, as a result of infectious diseases contracted, had recently to return to Switzerland where they are now receiving the necessary care.

Sanaa. — At the Hungarian hospital, the team of the Hungarian Red Cross consisting of two surgeons Dr. J. Csengody and Dr. A. Gonda, together with a technician, has been continuing its humanitarian work since July 21, the date of its arrival.

The action arranged for the fitting of the war disabled with artificial limbs is now being prepared as the proposed programme cannot be started without the help of technical specialists.

Aden

Restarted on July 15, the medical action, initiated at the beginning of November 1967 by the International Committee, is continuing. The ICRC surgical team has since the end of August consisted of Dr. A. Foletti, Dr. J. Parramore and male nurse E. Heiniger. Drs. S. Baev and T. Drobev of the Bulgarian Red Cross are also members of that team. It should be mentioned that their work has considerably increased over the past month.

Middle East

On July 30, 1968 at El Qantara a further operation took place, organized and controlled by the delegates of the ICRC in Egypt and Israel. This enabled the reuniting of a large number of families: 180 Palestinian and 200 Egyptian.

At the beginning of August and in view of present requirements for milk products for the population in West Bank Jordan, the ICRC delegation in Jerusalem started to put a distribution programme into effect, particularly for children, of 32 tons of powdered milk distributed by the ICRC representatives in co-operation with the local branches of the Red Crescent and Israeli Social Welfare.

It should be pointed out that there is one ICRC delegate in each of the following countries: Egypt, Jordan and Lebanon. In Israel there are 10 delegates in the delegation. Several sub-delegations are, in fact, at work, the first of which (comprising 3 assistant delegates) is at Jerusalem, the second (3 delegates) at Gaza and a third at Kuneitra (one delegate).

These delegations continue to carry out the traditional work of visiting detainees, relief, the transmission of messages, aid to refugees, the reuniting of families and different interventions on behalf of those in need.

Vietnam

Here are some news of recent activity of the International Committee's delegation in Vietnam: The ICRC delegates visit prisoner of war camps and screening centres on which reports are then forwarded to Geneva. In various hospital centres they have distributed relief of a medical character such as surgical instruments and also aid in the form of clothing and toilet articles to the detainees of a penitentiary, as well as medicines for children suffering as a result of the war. The delegates of the ICRC are continuing to bring aid to orphanages in Saigon and the immediate outskirts.

*IN GENEVA***Offer by the ICRC**

The International Committee of the Red Cross contacted the Czechoslovak Permanent Representative to the United Nations in Geneva on August 23, requesting him to convey to the President of the Czechoslovak Red Cross an invitation to come to Geneva or to delegate the National Society's Head of External Affairs. The purpose of the invitation, extended in agreement with the League of Red Cross Societies, was both to enquire whether the Czechoslovak Red Cross had need of any assistance as a result of current events, and to enable one of its leading members to take part in the meetings of National Red Cross Societies which have been scheduled to take place in Geneva for months past.

Further Accession to the Geneva Conventions

In our last issue we mentioned that 119 states were parties to the Geneva Conventions of 12 August 1949. The International Committee of the Red Cross was recently informed by the Federal Political Department, Berne, of Guyana's accession.

This took the form of a Declaration of Continuity received by the Swiss Authorities on 22 July, 1968.

Guyana's declaration brings to 120 the number of States expressly bound by the Geneva Conventions.

New ICRC film

The ICRC has just produced a new colour film (16 mm.): *Nigeria-Biafra—War and Famine*. It shows the ICRC teams bringing relief to the wounded and to the population, both in Nigeria and Biafra. It gives an insight into the dedication of the doctors and their assistants and of the ICRC delegates working under trying conditions to alleviate the widespread suffering and organizing and supervising what relief supply distributions, particularly to children, have been possible.

After seeing this twenty-minute film you cannot but be determined that this ghastly horror of famine's ravages must not prove to be a task to which the combined efforts of the Red Cross and other humanitarian institutions are unequal.

Available with French, English or German commentary from the ICRC Information Service.

IN THE RED CROSS WORLD

WORLD RED CROSS DAY 1969

The year 1969 will mark the 50th Anniversary of the foundation of the League of Red Cross Societies, which was formally established on 5 May, 1919, in Paris. A few weeks earlier (from 1 to 11 April, 1919) an International Medical Conference at Cannes (France) had urged the creation of a "Federation of all the Red Cross Societies of the world".

These dates are very close to that of 8 May, traditionally World Red Cross, Red Crescent and Red Lion and Sun Day.

It seemed natural that for 1969 the theme of this Day and the documentation the League Secretariat is preparing as usual for its member Societies, should centre on the 50th Anniversary. Relatively little will be said, however, about the Federation's history; the main emphasis will be on the future.

In this context the suggested theme for 1969 World Red Cross, Red Crescent and Red Lion and Sun Day is: *in a changing world, red cross stands for tomorrow*. This should capture public attention in every country. It shows that, in a rapidly changing world, the Red Cross is not a thing of the past but definitely of the present, endeavouring to anticipate the future by bringing improved techniques and realism to its tasks and its concern for a better and more peaceful world.

THE RED CROSS IN NEW GUINEA

The Australian Red Cross Review Action (1967, No. 14) gives an account of the progressive penetration which is being achieved by our movement in this territory where humanitarian initiative has only recently gained momentum. We believe our readers will be interested in the passages we have reproduced or summarized below.

Papua and New Guinea has been described as the land that the Twentieth Century nearly forgot. If this statement, which appears in many travel folders, has any relevance it certainly doesn't apply in regard to Red Cross and the many services and activities carried out by this most distant of all Divisions of the Australian Red Cross Society.

In the ensuing commentary an assessment will be made of the Society's work in the Territory to-day, and evidence will be given of how rapidly this Division has developed since it was formally constituted as the Papua and New Guinea Division of the Australian Red Cross Society on the 21st June, 1949

Blood is vital. — Perhaps the Division's most significant development has been the expansion of the Blood Transfusion Service. Significant, because it is universally accepted that the recruitment of Blood Donors in an under-developed or emerging society is one of the most obdurate problems encountered.

However, of all blood donations received in the Territory, 87 per cent comes from Papuans and New Guineans. The Director of the Blood Transfusion Service reported recently that there is no problem in donor recruitment as the fear of sorcery has been largely dispelled among the indigenous population when they are visited by the mobile teams

The "loss of face" motive operates strongly among Melanesians so that if one or two in a village come forward as donors the rest tend to follow almost automatically. The extent to which the

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Blood Transfusion Service has developed in the Territory in recent years may be gauged by the fact that in 1959 the number of donations received was 1,620, whereas this figure had risen to 11,425 last year.

Of equal importance to the ready acceptance of the giving of blood by the indigenous population is the increasing number of Papuans and New Guineans who have already qualified, or are at present being trained, to replace the European sisters. In addition, indigenous technicians carry out important laboratory work at the Blood Transfusion Centre in Port Moresby.

It is the aim of our Society that eventually the Red Cross Blood Transfusion Service will be staffed and run predominantly by trained Papuans and New Guineans under the direction of an indigenous doctor.

Helping the handicapped. — The Blood Transfusion Service has been maintained in the Territory since 1956. A service established in much more recent times is the care of mentally and physically handicapped children. In 1964, following a survey made in and around Port Moresby, it was established that there were 204 handicapped children in need of special treatment. Following this survey a local doctor and two voluntary physiotherapists began treating those children who could be brought to the Centre. This treatment was carried out in a room which had been specially equipped at Divisional Headquarters.

A bus to transport other children from outlying villages, wheel chairs and other equipment were donated by members of the Australian Junior Red Cross. As this service grew rapidly the need of a full-time physiotherapist to care for the 30 children attending the centre became apparent.

To-day, thanks to the assistance of the Australian Volunteers Abroad Association, treatment at this Centre is under the supervision of a physiotherapist from Adelaide, who is assisted by two indigenous helpers.

Juniors play their part. — In Papua and New Guinea too this Junior section of our Society is most active and the children have a close link with their Australian "brothers" and "sisters".

One of the projects which is doing much towards creating friendship and better understanding between the children of both countries is the "adoption" system.

Australian J.R.C. Circles and Clubs are now paired with specific native schools, and these adoptions lead to an exchange of albums, letters and gifts.

As in Australia the Juniors in the Territory work to raise money for specific projects. The Juniors at one primary school in Rabaul have in fact raised over \$1,600 for Red Cross in the past five years. And, although removed in distance by some thousands of miles, the children at this school were greatly concerned to learn of the suffering of the children in the Tasmanian Bushfire Disaster. They recently conducted a special "working bee" which raised \$65, and this was sent to assist the children who were the victims of the Hobart fires.

The membership of Junior Red Cross in the Territory continues to increase dramatically. In the past two years it has risen from 2,200 to 4,500 members. Of these 4,500 — 3,750 are Papuans and New Guineans.

So that the interest of these Juniors will not be lost when they leave school it is planned that in the near future Younger Sets will be formed.

Indigenous Field Officers. — Helping to form these Younger Sets, under the direction of the Division's General Secretary and also the Director of Junior Red Cross, will be two indigenous Field Officers employed by Red Cross in the Territory.

They came to Melbourne to do a training course at National Headquarters and they have applied themselves diligently to the task of forming new indigenous Branches. Already three such Branches, with their own indigenous office bearers, have been formed at Hanuabada, Popondetta and Goroka in the Eastern Highlands.

At Goroka, Mark conducts a First Aid Class for students from the Teachers' College. His weekly "Picture-night" is a great attraction for the indigenous population in a land that has not experienced the mixed blessing of television. In addition, Mark conducts a weekly programme on the local radio station, and in

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the time allotted by courtesy of the Australian Broadcasting Commission he keeps both the European and indigenous population informed of local and national Red Cross activities.

Unlike Mark, whose activities are confined to the Highlands, Max serves the Division in the South. He is a member of the Junior Chamber of Commerce and is extremely well received wherever he travels. In addition to forming Branches at Hanuabada and Popondetta, Max recently established three new Junior Red Cross Circles in and around the sub-district of Rigo, some 50 miles east of Port Moresby. In Port Moresby itself he has also been successful in conducting a series of First Aid Classes, each of which extended over a period of ten weeks. Further classes in First Aid as well as Home Nursing are planned to commence in the near future.

Red Cross is fortunate that it has been able to retain the services of these, our first two local Field Officers, and it is the long range plan of the Division ultimately to have a trained indigenous Field Officer for each district in the Territory.

Gemo Island. — Approximately 7 per 1,000 of the population throughout the Territory are afflicted with leprosy, whereas the incidence of tuberculosis is mainly isolated to the coastal districts. At Gemo Island, just three miles across the Port Moresby harbour, the Administration maintains a hospital staffed by the London Missionary Society. This hospital cares for 80 Hansenide patients and 180 with Tuberculosis. The staff, most of whom are Papuans having been trained on the island, are most grateful for the practical interest that Red Cross takes in the patients. In fact, many of the comforts enjoyed by them are provided by our Society's voluntary workers.

One of our Papuan Junior Red Cross Circles has "adopted" the island and all of its efforts are devoted to helping the sick children at this Colony. In several of the Australian Divisions Junior Circles have also "adopted" Gemo and they send regular consignments of toys, bandages, wool and school requisites.

Other services. — So far this account of Red Cross work in Papua and New Guinea has dealt with some of the interesting and more dramatic Red Cross services carried out in the Territory.

It would be an omission, however, to overlook those other well established services which are rendered to the community right throughout the year.

One of the Division's outstanding achievements is the maintenance of the Lae Hostel for mothers and babies receiving medical treatment and for relatives visiting dangerously ill patients. This hostel provides excellent accommodation and maintains at exceptionally low cost an essential service for patients and families from outlying areas.

Kiosks at the Taurama General Hospital (Port Moresby), Madang and Lae Hospitals, also render a valuable service to patients and visitors alike. Their worth is recognised by the Territory's Department of Public Health, without whose co-operation these buildings would not exist.

Thanks to the untiring assistance of our voluntary helpers each kiosk is trading at a profit and the surplus, although not great, helps to finance other vital Red Cross services.

Plans for new hostels and kiosks are at present being considered for Mount Hagen and Kavieng. In addition, at Goroka, land has already been purchased on which a modern and fully equipped Red Cross Centre will be erected later this year.

Amongst the other important community services rendered by the Division one would have to include the Hospital Visiting and Library Service, the escort service for families travelling to Australia for medical treatment, and the Medical Loan Service and provision of medical supplies and amenities to the sick.

M I S C E L L A N E O U S

A RESOLUTION ON HUMAN RIGHTS IN ARMED CONFLICTS

One of the most important meetings connected with the International Year for Human Rights, commemorating the twentieth anniversary of the Universal Declaration, was the International Conference on Human Rights which was held at Teheran in April and May 1968, attended by representatives of Member States of the United Nations and the Specialized Agencies. Of the 29 resolutions adopted, we would mention the following:—

RESOLUTION IX — This calls for immediate and effective measures to ensure equality of men and women by eliminating discrimination against women. It recommends various steps, “particularly a unified long-term programme by the United Nations Organization for the advancement of women”.

RESOLUTION XIX — This urges governments to promote legal aid relative to the protection of human rights.

RESOLUTION XX — calls upon States to make it possible, through education, for youth to participate in social developments, and to encourage young people to respect human values and fundamental freedoms. It also recommends the organization of seminars on this problem.

It will be recalled that the XXth International Conference of the Red Cross, at Vienna in 1965, adopted a resolution (number XXVIII) on the topical problem of protection of civilian population against the dangers of indiscriminate warfare. It therefore appears appropriate to quote resolution XXIII on human rights in armed conflicts, as adopted by the Teheran Conference:

RESOLUTION XXIII

Human Rights in Armed Conflicts

The International Conference on Human Rights,

Considering that peace is the underlying condition for the full observance of human rights and war is their negation,

Believing that the purpose of the United Nations Organization is to prevent all conflicts and to institute an effective system for the peaceful settlement of disputes,

Observing that nevertheless armed conflicts continue to plague humanity,

Considering, also, that the widespread violence and brutality of our times, including massacres, summary executions, tortures, inhuman treatment of prisoners, killing of civilians in armed conflicts and the use of chemical and biological means of warfare, including napalm bombing, erode human rights and engender counter-brutality,

Convinced that even during the periods of armed conflicts, humanitarian principles must prevail,

Noting that the provisions of the Hague Conventions of 1899 and 1907 were intended to be only a first step in the provision of a code prohibiting or limiting the use of certain methods of warfare and that they were adopted at a time when the present means and methods of warfare did not exist.

Considering that the provisions of the Geneva Protocol of 1925 prohibiting the use of "asphyxiating, poisonous or other gases and of all analogous liquids, materials and devices" have not been universally accepted or applied and may need a revision in the light of modern development,

Considering further that the Red Cross Geneva Conventions of 1949 are not sufficiently broad in scope to cover all armed conflicts,

Noting that States parties to the Red Cross Geneva Conventions sometimes fail to appreciate their responsibility to take steps to ensure the respect of these humanitarian rules in all circumstances by other

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States, even if they are not themselves directly involved in an armed conflict,

Noting also that minority racist or colonial regimes which refuse to comply with the decisions of the United Nations and the principles of the Universal Declaration of Human Rights frequently resort to executions and inhuman treatment of those who struggle against such regimes and considering that such persons should be protected against inhuman or brutal treatment and also that such persons if detained should be treated as prisoners of war or political prisoners under international law,

1. Requests the General Assembly to invite the Secretary-General to study :

(a) Steps which could be taken to secure the better application of existing humanitarian international conventions and rules in all armed conflicts, and

(b) The need for additional humanitarian international conventions or for possible revision of existing Conventions to ensure the better protection of civilians, prisoners and combatants in all armed conflicts and the prohibition and limitation of the use of certain methods and means of warfare.

2. Requests the Secretary-General, after consultation with the International Committee of the Red Cross, to draw the attention of all States members of the United Nations system to the existing rules of international law on the subject and urge them, pending the adoption of new rules of international law relating to armed conflicts, to ensure that in all armed conflicts the inhabitants and belligerents are protected in accordance with " the principles of the law of nations derived from the usages established among civilized peoples, from the law of humanity and from the dictates of the public conscience."

3. Calls on all States which have not yet done so to become parties to The Hague Conventions of 1899 and 1907, the Geneva Protocol of 1925, and the Geneva Conventions of 1949.

DISSEMINATION OF THE PRINCIPLES OF THE HUMANITARIAN CONVENTIONS

Last year, under this title, the *International Review* mentioned the courses given at Laguna University, Santa Cruz de Tenerife, by Mr. J. J. G. de Rueda, European delegate of the Mexican Red Cross and former adviser to the ICRC and the League. The theme of these courses was "Principles and Conventions for humanitarian protection", and we are pleased to point out the impetus given to the activities of the Spanish Red Cross in the Canary Islands, where the major problems are related to blood transfusion and dissemination among youth of the ideals underlying the Geneva Conventions.

Moreover, at the "International Fortnight on Disaster Relief" at Geneva in May 1968, Mr. de Rueda delivered an interesting paper in which he outlined the role of voluntary humanitarian organizations and bodies in the world today. After alluding to the events which led to the beginnings and development of the Red Cross, he described the main functions of civil defence: precautions against the ever-increasing threats to human life, immediate action in the event of all kinds of disasters.

He stated that voluntary humanitarian organizations are immensely valuable, not only for the practical assistance they give, but also because they are—and must remain—conscious of the moral aspect of the suffering which must be alleviated. That was why he concluded by stressing "the essential co-operation offered by irreplaceable and indispensable benevolent organizations" acting in accordance with what he called a "humanitarian science".

THIRD INTERNATIONAL CONGRESS OF THE NEUTRALITY OF MEDICINE

In a previous issue we gave an account of this Congress which was held at Rome in April 1968. We mentioned that the eight resolutions adopted would be quoted in the *International Review*. We now give, for documentary purposes, the provisional text of these resolutions ¹ all of which mention the Geneva Conventions:

I

Medical Pool

The Third International Congress of the Neutrality of Medicine, considering that international co-operation is necessary to ensure the provision of the most reliable and effective guarantees that doctors and their assistants be able to make good use of all means available to them for the accomplishment of their mission, recommends

that inter-State mutual assistance treaties be concluded so that in the event of conflict, disorders or disasters the necessary human and material resources will be available to cope with any situation for which a country's own resources are inadequate;

that such mutual assistance treaties be signed by the greatest possible number of States, bilaterally or multilaterally, the conclusion of a general agreement being the final aim;

that a National Committee for the Neutrality of Medicine be set up in every country where one does not already exist, with qualified members capable of intervening effectively whenever events require, to put into effect the resolution unanimously adopted at Vienna in 1965, namely:

“The XX International Conference of the Red Cross, considering that with a view to ensuring the application of the

¹ Our translation.

humanitarian conventions and the scrutiny of this application it is essential to make available—in the event of a conflict—to the Protecting Powers and their possible substitutes a sufficient number of persons capable of carrying out this scrutiny impartially,

invites the States parties to the Conventions to set up groups of competent persons for the discharge of these functions, entrusted to them in the Conventions, under the direction of the Protecting Powers or their possible substitutes. ”

that in view of the interest in international mutual assistance displayed during the Third Congress, the International Committee for the Neutrality of Medicine appoint a study commission to submit to the next International Congress a report on the possibility of forming, under the aegis of a qualified international organization, teams of doctors, medical assistants and other persons capable of intervening in emergency.

II

Geneva Conventions - Dissemination and application

The Third International Congress of the Neutrality of Medicine, considering the Geneva Conventions are now recognized as an established instrument in the protection of war victims, and that the number of governmental ratifications thereof and accessions thereto shows that these Conventions are universally accepted; considering that their application depends to a considerable extent on widely disseminated knowledge thereof;

believing that medical neutrality is based on the Geneva Conventions,

takes the view that it is a duty of the Committee for the Neutrality of Medicine to participate as much as possible in disseminating knowledge on these Conventions, especially in professional circles particularly concerned; and

conscious of the need to contribute to the training of the necessary personnel to implement these Conventions;

bearing in mind that 1968 was declared the International Human Rights Year, which should engender awareness of the special rights defined in the Geneva Conventions;

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considering that in the event of armed conflict all responsible authorities should ensure respect of the Geneva Conventions;

protests vehemently against all breaches of the Geneva Conventions; and

recommends all National Committees for the Neutrality of Medicine to intensify their efforts in the field of dissemination of knowledge on these Conventions. With this aim, it also recommends these Committees and other bodies concerned (medical and scientific Societies, trades unions, professional journals, etc.) to conduct enquiries among all doctors to find out their answers to the following three questions:

1) Do you know of the existence and the spirit of the Geneva Conventions?

2) Can you make these Conventions more widely known in your own environment, especially in medical circles?

3) In our world today, where violence is an ever more frequent feature, where the humanitarian spirit of these Geneva Conventions provides a refuge, an example and even an ideal, do you think that that spirit enables you to have a salutary influence on those who place their confidence in you?

III

The Duties of the Medical Profession and its Right to Protection in War

The Third International Congress of the Neutrality of Medicine, considering the need for an international status for civilian medical personnel in time of conflict or war;

considering that any steps—such as the adoption of a sign other than the red cross, which the Fourth Geneva Convention stipulates shall be limited to only one type of civilian doctor—to improve the immunity due to civilian medical personnel in time of war would be desirable as a contributory factor to better medical service;

and whereas for this purpose a working group comprising representatives of the World Medical Association (WMA), the International Committee of the Red Cross (ICRC) and the International Committee for Military Medicine and Pharmacy (ICMMP), attended by observers from the World Health Organization (WHO),

has drafted " Rules of Medical Ethics in War-Time " and " Rules governing the Care of Sick and Wounded, particularly in Time of Conflict ";

and whereas the International Committee of the Red Cross, in its circular No. 425, conveyed the conclusions of that working party to National Red Cross, Red Crescent and Red Lion and Sun Societies, stressing their undeniable interest; and whereas the World Medical Association and the International Committee of Military Medicine and Pharmacy distributed the text of those Rules to their members in various countries, recommending them to co-operate effectively with National Red Cross Societies;

recommends that these two drafts be approved;

expresses its satisfaction that both drafts will be submitted for examination to the XXI International Conference of the Red Cross in Istanbul in 1969; and

expresses the hope that they will be given the widest possible support by governments signatories to the Geneva Conventions.

IV

Maintenance of Medical Secrecy

The Third International Congress of the Neutrality of Medicine, considering that the full and free exercise of the medical profession by civilian and military doctors should be ensured in all circumstances;

considering that, during both international and civil conflicts, the doctor who gives attention to all without discrimination is and shall always be a doctor first, foremost and last, uninfluenced by political, patriotic or other considerations alien to his medical mission;

considering that professional secrecy is inseparable from medical practice and is consistent with the relevant rules drawn up by the International Committee of the Red Cross and the World Medical Association;

re-states, as in its two previous Congresses, the need for strict professional secrecy during international or civil conflicts, and the obligation for all parties involved in conflicts to abstain from importuning doctors for having maintained medical secrecy which shall at all times be their prerogative.

V

Unconventional Weapons

The Third International Congress of the Neutrality of Medicine affirms that the doctor shall be the judge of the suitability of any medical treatment and shall have control thereof, his essential and overriding criterion being the safeguard of human life irrespective of any pressure or orders from the authorities; and

asserts that the right of all doctors and other members of the medical profession not to participate in research in and use of any aggressive weapons requiring medical, biological, pharmaceutical and psychological qualifications shall be recognized, and that such active participation shall deprive them of the right to protection by the Geneva Conventions.

VI

Living tissue transplants

The Third International Congress of the Neutrality of Medicine, considering not only the advantages of grafting organs to certain sick or wounded patients, but also the risks of outrage upon the lives or health of persons detained or under the domination of a foreign or hostile power which might wish to constitute, to the detriment of such persons and for the benefit of its own nationals or followers, reserves of human organs;

considering that such risks were not obviated by the Geneva Conventions of August 12, 1949;
recommends

that the provisions of the Geneva Conventions forbidding mutilation and medical or scientific experiments not required for medical treatment of a protected person, particularly any intervention designed to impair any physiological function such as reproduction, and any form of genocide, be made more complete and definite;

that organ grafting on persons deprived of their freedom or victims of racial discrimination be prohibited unless such operation is justified on medical grounds, is in the patient's own interest and performed with his explicit consent or presumed consent when there are reasonable grounds to justify the assumption;

that the removal of an organ from any person deprived of freedom or the victim of racial discrimination, or subject in time of war or conflict to domination by a foreign or hostile power be forbidden;

that the removal of organs from corpses, after verification of death, and their transplantation to a patient shall under no circumstances be performed unless by qualified medical teams in suitably equipped hospitals and, under the guarantee and scrutiny of international organizations, working independently, with complete neutrality, immune from the arbitrary or tyrannical decisions of a totalitarian State or an Occupying Power, and with full respect for the life, moral values and religion of the patient and his kin.

VII

International Medical Status

The Third International Congress of the Neutrality of Medicine, noting the present inadequate protection granted to medical workers and their patients, particularly during civil conflicts; the varying concepts held by States of genuine neutrality in the exercise of the medical profession and the privileges conferred on members of that profession; the all too frequent breaches of the Geneva Conventions by the Powers; the increasing necessity of countering the disastrous effects of modern methods of destruction by effective medical action and precautions of which the humanitarian objective is overriding, invariable, permanent and uniform at all times and in all places;

expresses the hope that doctors all over the world will themselves realize more and more the importance of this mission to safeguard human life, and of their collective responsibility and will be disposed, motivated by common ethical rules, to favour the setting up by the medical profession as a whole of a world-wide

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organization recognized by States participating in every diplomatic conference for the framing of any humanitarian convention, effectively co-ordinating the efforts of various medico-legal associations and organisations to promote recognition of an international status for the medical profession, laying down in particular the guarantees necessary for full and free medical practice in all circumstances;

VIII

Setting up of an International Penal Court

The Third International Congress of the Neutrality of Medicine, in view of the urgent need to supplement the provisions of the Geneva Conventions by measures to safeguard, humanely and effectively, protected persons against breaches of those Conventions, recommends

that an international penal code be drawn up defining the various infringements and stipulating the penalties therefore;

that a high court be set up having international jurisdiction and membership to ensure its independence and objectivity and the authority of its rulings, and having extensive jurisdiction covering breaches of the laws and customs of war and breaches of the Geneva Conventions perpetrated by States, organizations, groups and individuals whether military or civil;

that recourse to this international penal court may be had by States, international organizations and individuals;

that the court be empowered and equipped to carry out investigation on its own initiative.

PRESENT WELFARE WORK PROBLEMS

During the last congress of the National Association of Welfare Workers (Paris 1967), Mr. P. Laroque, presiding at the closing session, educed from the Commissions' work some views as to the future. He concluded¹:

Much is said today about "permanent education"; I myself profoundly believe that it is the very basis of tomorrow's society; necessary to social workers because everything changes and what they learn at the beginning of their career is no longer of any use to them after several years or tens of years.

The permanent training of social workers must therefore be organized. But we must go even further. For the very reason that social welfare work is educative, the social worker must be an instrument of permanent education, which is not, as is all too often thought, a professional refresher course. Permanent education must also be action to adapt man and the family to the constant changes which are occurring—this must be done by the social worker. He must therefore have a place in tomorrow's permanent education structure.

That is the first practical conclusion.

A second one is the need to set up structures which permit of constant co-operation, mainly at local levels, among social workers of all origins and branches, and also between social workers and all those who, whilst technically not social workers, take part in social work: public or private administrators, judges, doctors, teachers; all have something to contribute and their co-operation is essential to ensure the effectiveness of this adaptive action which is the aim of social policy in the world today...

...More generally, when drawing up the account of what social work in the world of tomorrow should be, it can be said that it should no doubt first be educative, but that it should also affect structures.

¹ *L'assistant de service social et les autres professionnels concourant à l'action sociale*, Association nationale des assistantes sociales et des assistants sociaux, Paris, 1967.

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It is not merely a question of educating individual men, women and children; structures have to be changed to bring about this reciprocal adaptation of men and structures.

Structural reform is in truth another type of educative action for it must not be believed that structures in the field of social work are the result of laws and regulations; structures and their development can only be due to the conscious will of the whole population.

Social workers who are aware of the necessity of adapting structures to the needs and requirements of men must therefore contribute to this education of opinions. It is through them and only through them that this education can be put to effect, thus permitting an evolution which brings the rhythm of structural reform nearer to that of man's evolution, so that evolution of each is reciprocal and smooth.

With due attention to this premise—which seems to be a salient conclusion of the work of the three commissions—and with this concern for a harmonious evolution which is translated in social reality into economic, technical and demographic changes in the contemporary world, we can look forward to finding the beginning of a solution to tomorrow's social problems.

REHABILITATION OF THE DISABLED IN POLAND

There has in the last few years been an entirely new approach to the welfare of the disabled. The aim is now their full social and vocational integration into society. This attitude finds greater and greater acceptance among those responsible for readaptation which no longer merely implies therapy but full preparation to fit the disabled for daily life.

National Red Cross Societies have been prominent by their avant-garde work in this field. The ICRC itself is concerned particularly for those disabled who are victims of war. However, whether due to war

or accidents the problems of the disabled are the same and call for the greatest attention in view of the increasing number of persons disabled by war and traffic accidents.

For that reason International Review has given a number of articles on this subject and considers its readers will be interested in the conclusions, given below, of a recent study in Poland on Rehabilitation of the Disabled.¹ This information follows up that published by us in June 1968 on the effective work being carried out in Czechoslovakia to enable the disabled to exercise a professional activity.

The author, Mr. Tomasz Lidke, Director of the Department of Rehabilitation of the Ministry of Health and Social Welfare, Warsaw, states his opinion that, from the State's and the individual's point of view, vocational rehabilitation is the most useful social security service for the disabled. The extent of this assistance to each disabled person is commensurate with that person's needs as well as various factors according to the following considerations mentioned by Mr. Lidke:

(1) Needs must be compared with possibilities, on the basis of a sound knowledge of both. It is also necessary to have a clear understanding of the difficulties and of the efficacy of the rehabilitation programme. We realise that vocational rehabilitation of disabled persons with limb defects can often be achieved quite rapidly and that the best results are generally achieved with the young. The rehabilitation of elderly persons and those suffering from severe illnesses or handicaps presents greater difficulties. For the moment the problem of vocational rehabilitation of severe cases of mental handicap and spastics has not yet been solved. However, in our plans for the development of vocational rehabilitation, we have envisaged covering all those who require its services, including very severe cases.

(2) It must be borne in mind that there are limits to the vocational rehabilitation process, which are often determined by the disability.

(3) In addition to its humanitarian aspect, vocational rehabilitation has an economic one, and this should not be forgotten. If it is neglected, the real meaning and aim of vocational rehabilitation

¹ See *International Labour Review*, International Labour Office, Geneva, June 1968.

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is lost and this might lead to a failure of the rehabilitation programme as a whole.

In connection with employment of the disabled, two points are worth making. First, for persons unfit for employment even under sheltered conditions, all that can be envisaged are various forms of therapeutic activities; secondly, for the others, while applying all the basic principles of rehabilitation, it is necessary to seek the most efficient and economical form of it. In our opinion, the best approach is the integration of the disabled into carefully selected forms of training and employment preparation that already exist for the able-bodied. The disabled should be provided with assistance in making their choice at the very outset. On the other hand, new, special rehabilitation establishments for certain groups of severely handicapped individuals are obviously needed. It must be remembered, however, that in these special centres—even the model ones—the problem of rehabilitation of the disabled cannot be entirely solved.

Reference has already been made to the need to possess a sound knowledge of current requirements when elaborating plans for the development of rehabilitation services. This is not easy. In Poland we have precise statistical data on the increase in the number of insured invalids, and in our research we also use international indices and sample tests of particular groups of invalids. The preparation of a general list of disabled persons, at which we have been aiming for some time, is an extremely difficult and complicated task; an accurate determination of the disability in each case and an assessment of its severity would require, first of all, the carrying out of medical examinations on a mass scale.

In planning rehabilitation programmes it is also necessary to take into consideration the incidence of disabling diseases. For instance, thanks to medical progress and the general application in our country of anti-polio inoculation, no new cases of disability resulting from this disease occur nowadays. Tuberculosis, which until recently accounted for 12 per cent. of the increase in the number of invalids, is becoming less of a problem owing to an effective anti-tuberculosis campaign. On the other hand, an increase in disability resulting from cardiovascular diseases and mental and nervous illnesses has been noted.

The part played by social organisations should be taken into account when planning rehabilitation services for the disabled. If rehabilitation is to develop satisfactorily, however, it must be directed and co-ordinated by the State. This is obviously not the same as centralisation. The part played by social organisations is appreciated, and indeed the State assists the Polish Association of the Blind, the Polish Association of the Deaf and other organisations to develop, by granting allowances. We consider, however, that the activities of these social organisations should be placed within the general rehabilitation programme and plans of the country.

The author finally concludes his article as follows:

In conclusion, the aspects of rehabilitation and lines of development that we consider to be particularly important can be summarised as follows.

(1) It is desirable to develop scientific research alongside the practical approach; research in the field of rehabilitation is included in the general programme of scientific research work considered to be particularly important for the national economy.

(2) The further development of rehabilitation is conditioned to a great extent by the existence of properly trained staff. Rehabilitation has been included in the training programmes for physicians in all branches of medicine. Our aim is to see that each physician possesses basic knowledge in the field of rehabilitation. The training of general practitioners and ancillary medical staff in this field will mean that rehabilitation can take place through open treatment on a wide scale. Our aim is to make rehabilitation cheap, efficient and available to all.

(3) In our opinion, the solution to the problem of vocational rehabilitation of the disabled, in particular of young persons, depends in the first place on providing appropriate training in occupations that are related to the general development of the national economy. In principle, vocational training should normally take place in ordinary schools; special establishments should be resorted to only where this is absolutely necessary.

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(4) It is a well-known fact that a skilled worker will always find a job and that the employment of the disabled out of pity cannot be accepted by the undertaking or by the disabled person himself—such an attitude being contrary to the principles of rehabilitation. For that reason also, in employing the disabled, we accept as a basic principle that it is the skilled worker we are employing and not the handicapped individual.

(5) As regards older persons who become handicapped, the principle that all who are able to work should work will be applied.

(6) The undertaking in which the disabled person is employed should provide him with appropriate care. Such care is the responsibility of the industrial physician, the engineers, the technicians, the foremen, the occupational health and safety instructor and the plant instructor responsible for the disabled. This team within the undertaking should select a suitable job for the disabled person; the state administrative apparatus is then called upon to assist the undertakings and supervise the implementation of the rehabilitation programmes.

(7) The employment of disabled persons is based and will continue to be based on the principle of residual ability. Only in this manner can the problem be solved on a mass scale. The disabled person should work under normal working conditions as long as he desires and can efficiently do so. There are no legal provisions specifying that unsuitable employees must be kept on. Any attempt to employ unfit disabled persons only hampers their vocational rehabilitation prospects and their integration into social life.

(8) For the disabled who cannot obtain suitable employment under normal working conditions but whose work, from the social point of view, is profitable or will become so after a certain time, a powerful co-operative organisation has been created. We assume that the organisation as a whole should be profitable. This makes it financially possible to provide vocational rehabilitation to severely handicapped individuals whose wages have to be supplemented over a short or long period. In the most severe cases, where there is no hope of improvement, therapeutic activities are undertaken in social assistance establishments.

(9) We believe that there should be one institution responsible for classifying disability on the basis of uniform principles. The work of the Medical Commissions on Disability and Employment in Poland is in line with this concept; these Commissions determine the disability not only from the clinical point of view but also from that of the activity performed by the disabled person before classification and the one likely to suit him in the future.

(10) The problem of vocational rehabilitation of the disabled is and always will be linked with the question of disability pensions and other forms of social security. As regards disabled persons who are fit to work in ordinary undertakings after training or transfer to appropriate work, they will be given incentives to take up employment.

(11) Three points must be stressed. Rehabilitation of the disabled cannot be considered in isolation from the social and economic conditions of the country; these conditions determine the nature and form of vocational training for the disabled as well as their employment. Furthermore, rehabilitation of the disabled may be carried out on the widest scale provided the basic aims and methods are kept in view; it is therefore necessary to provide appropriate training for those responsible for carrying out this work. Finally, even where resources are modest, medical and vocational rehabilitation can and should be developed simultaneously.

INTERNATIONAL NARCOTICS SUPERVISION

The first of nine multilateral international treaties relating to narcotics supervision was signed at The Hague in 1912. On 30th March 1961, a new international convention was opened to signature by governments. It was described as "single" as it replaced its predecessors.

All its provisions are now applicable, the U.N. Economic and Social Council having decided in 1966 that from 2nd March 1968 the International Narcotics Control Board would replace earlier U.N. bodies concerned with narcotics control.

In June 1964 International Review published an article in which the author drew a parallel between the essentially humanitarian aims of international efforts at narcotics control and the Red Cross defence against the dangers threatening human dignity. Now that the earlier treaties are superseded by the 1961 Convention, we give an extract from an interesting report published by the United Nations¹ on developments in narcotics supervision over the past forty years.

The foundations of the present international narcotics control were laid down in the Hague International Opium Convention of 1912 and it was in pursuance of the principles embodied in that treaty that the 1925 Convention created the Permanent Central Board and required Parties to provide the Board with information in regard to narcotic substances from the stage of production to utilization and on the seizures of narcotic drugs in the international illicit traffic.

In particular this Convention assigned to the Board the role of maintaining a continuous watch on the course of international trade and of applying sanctions if it should find any country

¹ Final Report of the Permanent Central Narcotics Board and Drug Supervisory Body; United Nations, Geneva, 1967.

becoming, or in danger of becoming, a centre of the illicit traffic; and it authorized the Board to investigate any matter relating to narcotic drugs which might be brought to its attention by a Party to the treaty, thereby conferring on it a measure of quasi-judicial authority in addition to administrative functions.

The 1925 Convention has proved to be a valuable and potent instrument. Nevertheless it had serious lacunae, particularly in that it did not limit the use of opium, coca leaf and cannabis exclusively to medical and scientific requirements. The League of Nations and its Advisory Committee on the Traffic in Opium and Other Dangerous Drugs therefore continuously directed their efforts towards improving and reinforcing the control measures then introduced, and although by 1929 the 1925 Convention had begun to take practical effect on the traffic in narcotic opium alkaloids and their derivatives, which until then had continued to rise substantially, it was decided to convene another conference in 1931, which drew up a new Convention designed to limit the manufacture of narcotic drugs and the import of such drugs to the quantities required for medical and scientific purposes. The limitations imposed by the treaty were based on requirements estimated in advance by governments, and the Supervisory Body was set up to examine these estimates, and where none had been furnished, to establish estimates with legally binding effect while the Board was entrusted with supervising the application of the limitation system.

The period immediately before the outbreak of the Second World War saw the discovery of the first narcotic drugs obtained by synthesis but not derived from opium or coca leaves. Although the terms of the 1925 Convention permitted extension of the control system to these substances, its application by governments was not obligatory. The number of synthetic narcotic drugs increased rapidly and the United Nations, which by that time had assumed the functions of the League of Nations, promptly directed its attention to the possibility of extending to these substances the control measures already applied to narcotic drugs derived from opium and coca leaves. The 1948 Protocol was adopted for this purpose, and the control exercised by the Board has in this way been extended to an ever-growing number of drugs.

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Opium however, which continued to feed the illicit traffic, remained the constant preoccupation of governments and the international organs and after a thorough examination had been made of possible methods of diminishing the flow of opium to the illicit market, a meeting of plenipotentiaries in 1953 adopted a Protocol aimed at limiting and regulating both the cultivation of the poppy plant and the production of, international and wholesale trade in, and use of opium. Because of delay in securing the requisite number of ratifications the Protocol did not enter into force until 1963. Broadly stated its provisions were designed to:

(a) limit the production and supply of opium to the quantities needed for medical and scientific purposes;

(b) prevent the diversion of opium into the illicit channels at the stage of primary production;

(c) prohibit the use of opium in any form for other than medical or scientific purposes;

(d) effect some measure of control over poppy straw;

(e) authorize international action not only in respect of breaches of the Protocol, but also to meet any unsatisfactory situation arising in the control of opium.

For the achievement of these objectives (which in the case of (a) and (c) were subject to certain defined exceptions during a relatively short transitional period), the Protocol required opium-producing countries to set up national opium monopolies; limited the number of countries authorized to produce opium for export; restricted stocks of opium to maximum amounts depending on the category to which the country in question belonged; required, as a general principle, the destruction of opium seized from the illicit traffic; and applied to opium a system of estimates and statistical returns similar to that prescribed by the 1931 Convention for manufactured narcotic drugs.

In fact, for its international implementation the Protocol relied on the Board to a greater extent than any other narcotics treaty. Some of the additional functions which it entrusted to the Board differed in character from those prescribed by the earlier treaties since, in addition to considerations of public health and

administrative capacity, the Board had also to take account of economic and social factors wherever relevant.

The international control organs had in the meantime become convinced of the need to codify the international treaties in order to facilitate their application and to eliminate weaknesses in the control system, and in 1961 the Single Convention on Narcotic Drugs was drawn up. This Convention embraced most of the provisions of the earlier treaties and in particular closed two significant gaps by limiting the use of coca leaves and cannabis exclusively to medical and scientific needs. Like the Protocol of 1953 it contained transitional provisions requiring those states which temporarily authorize the non-medical usage of opium, coca leaf and cannabis to eliminate this practice within prescribed periods of time.

The Single Convention called upon the Permanent Central Board and the Supervisory Body to perform the functions of the International Narcotics Control Board created by the Convention until such date as the new Board could enter upon its duties. The two bodies have accordingly been applying the provisions of the Single Convention since 13 December 1964 when it came into force and as explained in earlier reports they have done so in a gradual manner. On 2 March 1968 the new International Narcotics Control Board took over these functions from the Permanent Central Board and Supervisory Body and from that date also assumes the responsibilities conferred upon these two organs by the earlier treaties.

BOOKS AND REVIEWS

W. VON STARK: " INTERNATIONALE UND NATIONALE RECHTSSTELLUNG DES ROTEN KREUZES "

The President of the Schleswig-Holstein Branch of the Red Cross (Federal Republic of Germany), Landesgerichtsdirektor W. von Stark, has written a study¹ on the creation and constitution of the International Red Cross, the ICRC, the League of the National Societies. He also gives an analysis of the Red Cross of France, Federal Republic of Germany, Netherlands, Switzerland and the United States.

As regards the International Red Cross the author rightly states that generally speaking people are ill-informed. The publication's interest lies in showing how the present Constitution of the International Red Cross, which seems complicated to the uninitiated, originates both through historical evolution and from practical necessity. The ICRC, initiator and founder of the movement, has been developed as a result of two main ideas. In the first place it was a question of establishing a link between newly created Societies and giving them the principles of the Red Cross as a common base. At the same time the ICRC was impelled to undertake fresh tasks: care of the wounded and sick, prisoners of war, civilians and internal disturbances. The ICRC's responsibilities thus encompassed recognition of all new National Societies and also every sort of intervention in conflicts, as well as the creation of humanitarian law.

In their development, however, some National Societies aspired to free expansion in time of peace including social work based on international unity in cases of disaster. In this way the League was created.

It was then a question of co-ordinating the activities of the two large international bodies, the Committee and the League, and of defining the position of National Societies in relation to each other. From this sprung the Board of Governors of the League which convenes meetings of the leaders of the National Societies,

¹ " Jahrbuch für Internationales Recht ", Vol. 13, 1967, Institute of International Law, University of Kiel. Now published as an off-print.

whilst the Council of Delegates remained the general representative body of the ICRC, League and the Societies. When these meet, together with representatives of Governments parties to the Geneva Conventions, this is then the International Conference of the Red Cross, the supreme but not necessarily the superior authority. Decisions made by the Conference are in fact but resolutions, not categorically binding and which do not either restrict the field of action of those comprising it. In between the Conference's sessions, which in principle meet every four years, a Standing Commission, consisting of five representatives appointed by the Conference, takes over in the interval and makes preparations for the next Conference. Finally, the Meeting of the Three Presidents, of the Standing Commission, of the ICRC and the Board of Governors, covers the interval between sessions of the Standing Commission.

A distinction must be made between the International Conference and the Diplomatic Conference, the latter being the meeting of government representatives, with full powers in this case, of creating a diplomatic instrument, in other words a Convention with binding effect on its adherents. It should be pointed out that only governments are convened to this Conference, with the Red Cross only participating as an observer even if its rôle is of prime importance.

Mr. von Stark analyses this complex system, its mechanism and history. He brings out that, with such a structure, paralysis of the international Red Cross movement can be practically excluded whatever the circumstances may be and this fact by itself would justify the entire construction. It would be wrong to forget, in fact, that the work of the Red Cross is the most necessary where situations are the most difficult.

This is a most useful account of the subject which is not well known and which is therefore often misunderstood. The essential, moreover, is not for the system to be simple but that it indeed functions and this the author has been able to show.

J. d. P.

EXTRACT FROM THE STATUTES OF
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC) founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.¹

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be “*Inter arma caritas*”.

ART. 4. — The special rôle of the ICRC shall be:

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term “National Red Cross Societies” includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.



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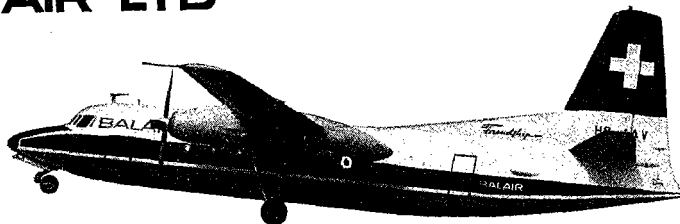
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- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, 17 Jinja Road P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington* 6 D.C.
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow* W-36.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Trìèz, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, đường Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.
- ZAMBIA — Zambia Red Cross, P.O. Box R. W. 1, Ridgeway, *Lusaka*.